

# Exhibit A



## COUNTY of FRESNO

DEPARTMENT OF PUBLIC HEALTH  
FRESNO, CALIFORNIA

3052023168558

## CERTIFICATE OF DEATH

3202310004638

STATE FILE NUMBER		STATE OF CALIFORNIA USE BLACK INK ONLY / NO ERASURES, WHITEOUTS OR ALTERATIONS 15-11 (REV. 0/0)		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) TYLER		2. MIDDLE KENNEDY		3. LAST (Family) DEEL	
4. DATE OF BIRTH mm/dd/yyyy 08/14/1992		5. AGE Yrs. 30		6. SEX M	
9. BIRTH STATE/FOREIGN COUNTRY CA		10. SOCIAL SECURITY NUMBER [REDACTED]		11. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS/SRDP* (at Time of Death) DIVORCED		7. DATE OF DEATH mm/dd/yyyy 06/30/2023		8. HOUR (24 Hour) 1626	
13. EDUCATION - Highest Level/Degree (see worksheet on back) SOME COLLEGE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED UNKNWON		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) UNKNOWN		19. YEARS IN OCCUPATION UNK	
20. DECEDENT'S RESIDENCE (Street and number, or location) 5650 E WAVERLY LANE					
21. CITY FRESNO		22. COUNTY/PROVINCE FRESNO		23. ZIP CODE 93727	
24. YEARS IN COUNTY 27		25. STATE/FOREIGN COUNTRY CA			
26. INFORMANT'S NAME, RELATIONSHIP AMALIA CHRISTINA DEEL, MOTHER		27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 5650 E WAVERLY LANE, FRESNO, CA 93727			
28. NAME OF SURVIVING SPOUSE/SRDP - FIRST -		29. MIDDLE -		30. LAST (BIRTH NAME) -	
31. NAME OF FATHER/PARENT - FIRST MICHAEL		32. MIDDLE CLARENCE		33. LAST DEEL	
34. BIRTH STATE CA		35. NAME OF MOTHER/PARENT - FIRST AMALIA		36. MIDDLE CHRISTINA	
37. LAST (BIRTH NAME) BRECKENRIDGE		38. BIRTH STATE AZ			
39. DISPOSITION DATE mm/dd/yyyy 08/04/2023		40. PLACE OF FINAL DISPOSITION: BELMONT MEMORIAL PARK 201 N TEILMAN AVE, FRESNO, CA 93706			
41. TYPE OF DISPOSITION(S) CREMATE/BURIAL		42. SIGNATURE OF EMBALMER ▶ NOT EMBALMED		43. LICENSE NUMBER -	
44. NAME OF FUNERAL ESTABLISHMENT TULIP CREMATION		45. LICENSE NUMBER FD2322		46. SIGNATURE OF LOCAL REGISTRAR RAIS VOHRA, MD	
47. DATE mm/dd/yyyy 08/03/2023					
101. PLACE OF DEATH PUBLIC LOCATION		102. IF HOSPITAL, SPECIFY ONE <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice		103. IF OTHER THAN HOSPITAL, SPECIFY ONE <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input checked="" type="checkbox"/> Other	
104. COUNTY FRESNO		105. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 509 S. CLOVIS AVE		106. CITY FRESNO	
107. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) GUNSHOT WOUND OF THE CHEST Sequentially, list conditions, if any, leading to cause on Line A. Enter UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST (B) (C) (D)		Time Interval Between Onset and Death (AT) MINS 23-06-0317 (BT) (CT) (DT)		108. DEATH REPORTED TO CORONER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 109. BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO 110. AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 111. USED IN DETERMINING CAUSE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 NONE					
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.) NO					
113A. DECEDENT PREGNANT IN LAST YEAR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK					
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy		115. SIGNATURE AND TITLE OF CERTIFIER ▶		116. LICENSE NUMBER	
117. DATE mm/dd/yyyy		118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE		117. DATE mm/dd/yyyy	
119. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		120. INJURED AT WORK? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK		121. INJURY DATE mm/dd/yyyy 06/30/2023	
122. HOUR (24 Hour) 1613					
123. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) OTHER: PUBLIC LOCATION					
124. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) DECEDENT SHOT BY LAW ENFORCEMENT OFFICER					
125. LOCATION OF INJURY (Street and number, or location, and city, and zip) CITY STREET 509 S. CLOVIS AVENUE, FRESNO, CA 93727					
126. SIGNATURE OF CORONER / DEPUTY CORONER JEFFREY GENTRY		127. DATE mm/dd/yyyy 08/03/2023		128. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER JEFFREY GENTRY, DEP CORONER	
STATE REGISTRAR		A B C D E		FAX AUTH.#	
CENSUS TRACT					

CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA, COUNTY OF FRESNO

This is a true and exact reproduction of the document officially registered and placed on file in the Vital Records Section, Fresno Co. Department of Public Health.

AUG 14 2023

DATE ISSUED

This copy not valid unless prepared on engraved border displaying date, seal and signature of Registrar.



\* 001504036 \*

RAIS VOHRA, M.D.

FRESNO COUNTY LOCAL REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE